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PATHOLOGIC FORMS OF SELF-ESTEEM REGULATION¹

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"Self-esteem," in common usage, is defined by Webster as a high opinion of oneself, respect for oneself. This positive evaluation of the self obviously is a precondition for one's well-being.

There are many ways in which human beings attempt to keep up a positive evaluation of themselves. The methods they use may vary according to numerous factors, such as age, character and capacities of the ego, individual nature of conflicts, and so on. A comprehensive study of these various ways would exceed the frame of a lecture. My discussion will limit itself to certain abnormal modes of self-esteem regulation which are characteristically found in some types of "narcissistic disturbances."

Obviously, disturbances of self-esteem are a frequent symptom in schizophrenic as well as in manic-depressive states. However, I shall not deal with the psychoses but intend to concentrate on "narcissistic neurosis."

I am well aware that Freud used the term "narcissistic neurosis" to designate exclusively psychotic illness, delimiting it from transference neurosis. But it seems to me that narcissistic pathology cannot be viewed as restricted to psychosis. I would like to use this term in a much wider sense. In the course of the last decades, we have become less inclined to regard clinical entities as pertaining exclusively to certain phases of development. We know overlapping of phases to be ubiquitous. There is usually a partial regression to earlier ego and libidinal states mixed with later, more highly developed structures. Even a marked narcissistic orientation need not be completely so; i.e., it need not be characterized by a withdrawal of

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the entire cathexis from objects. Indeed, we now even question the usefulness of a too narrowly circumscribed nosology. We are much concerned with so-called borderline conditions, and we tend to look upon the boundary between psychosis and neurosis as somewhat fluid.

Narcissism denotes a libidinal cathexis of the self, in contrast to object cathexis. Without repeating the well-known facts about the development from primary to secondary narcissism, I merely wish to stress that narcissism per se is a normal phenomenon. It becomes pathologic only under certain conditions: (1) in states of quantitative imbalance; e.g., when the balance between object cathexis and self-cathexis has become disturbed, and objects are cathected insufficiently or not at all; (2) in infantile forms of narcissism, which are frequently—but not always—present in the states of quantitative imbalance. Infantile narcissism consists in cathexis of the self at a time of incomplete ego differentiation and insufficient delimitation of self and object world. The absence of the ability, at this stage, to distinguish wish from reality manifests itself in the use of magic to achieve need satisfaction and mastery of reality; thus, the infantile narcissism has a megalomaniac character.

Narcissistic pathology becomes especially noticeable in the methods used for self-esteem regulation.

Fenichel (1945), following the ideas of Ferenczi (1913), regards self-esteem as the expression of nearness to or distance from the infantile feeling of omnipotence. With advancing ego development, the values against which the self is measured change and become more realistic; equally, the methods that are used to keep self-esteem on a stable positive level. The longing for omnipotence, obviously, stems from fixation at a still undifferentiated ego level. By using it as a criterion, Fenichel thus framed a static definition leaving no room for the maturation of values. I prefer the more flexible one given by Edith Jacobson in her fundamental paper on "The Self and the Object World" (1954b), which has helped me to clarify many aspects of narcissistic disturbances. Her definition seems to cover the complexities of the problem more adequately. She considers self-esteem to be the expression of discrepancy or harmony between self-representation and the wishful concept of the self.

Or, to put it differently: in the course of growing up, we must learn to evaluate our potentialities and accept our limitations. Con-

tinued hope for the impossible represents an infantile wish, revealing a basic lack of ability to face inner and outer reality. Self-esteem thus depends on the nature of the inner image against which we measure our own self, as well as on the ways and means at our disposal to live up to it. That this inner image is influenced by many factors, especially by the particular form of the superego, is obvious. Living up sufficiently to the demands of one's superego is a mature form of self-esteem regulation.

What we loosely describe as "narcissists" are people whose libido is mainly concentrated on themselves at the expense of object love. I shall not speak here of those who without visible conflict entertain an exceedingly high opinion of themselves. Another type of narcissists frequently has exaggerated, unrealistic—i.e., infantile—inner yardsticks. The methods they use to deal with the resulting inner tension depend on the general state of their ego and often are infantile ones. This is the specific pathology I wish to discuss, concentrating at this time on the forms it takes in men. As a starting point, I may bring a few clinical data to illustrate some characteristic patterns of such pathologic self-esteem regulation.

Daniel K. was a very accomplished writer who wrote one book after another, with marked success. But he did not feel gratified by this. Nothing he did was as grandiose as he wanted it to be. He would feel reassured, for a time, when he looked at his book shelf and counted: "Here are seven books I wrote, six volumes I edited; there are twenty-three articles I brought out in other people's publications; I am quoted so and so many times:—*There are about two and a half feet of Mr. K. on the shelf.*" The phallic meaning of this little game was obvious. He had to reassure himself that his phallus was not only there, but of extraordinary size.

Daniel's life consisted to a large extent in behavior of this kind; he was constantly preoccupied with attempts to feel great and important. He was active in innumerable civic and cultural enterprises and had attained a leading position in his community. But neither this nor his prolific literary production nor his erotic successes sufficed to make him happy. He was a man of considerable talent, well informed, and rich in ideas. But frequently his writing was careless and superficial, not up to the level of his capacities, because he was driven to produce too fast. He could not *wait* for results,

could not stand tension and unpleasure, although he *knew* better. He had an inner standard of quality for his work as well as the gift for it, but was unable to muster enough self-discipline to realize his potentialities. He had to have the immediate gratification of success. This need was so overwhelmingly strong that he had little control over it. He also was touchy, quick to take offense at the slightest provocation. He continually anticipated attack and danger, reacting with anger and fantasies of revenge when he felt frustrated in his need for constant admiration.

Obviously, Daniel was overconcentrated on himself; his object relationships were weak and apt to be relinquished under pressure. His main aim was to increase his self-esteem and to ward off the underlying danger of passivity by incessant masculine activity.

The narcissistic goal against which he measured himself was most clearly expressed by his fantasies in puberty: he would see himself successively as the Mayor of New York City, the President of the United States, and as the president of the world, until he had to stop with the painful question: "And then what?" Later, he wanted to be the outstanding genius of his time. Of course, no success in reality could measure up to such limitless inner demands, and his state of dissatisfaction was all the more intensified because he had to sacrifice more mature superego demands in reaching out for his illusory aims.

This bottomless need for grandiosity is clearly a compensatory striving. He has to be president of the world, he has to have a symbolic phallus two and a half feet long, because he is under the impact of unbearable castration fears.

Compensatory narcissistic self-inflation is among the most conspicuous forms of pathologic self-esteem regulation. Frequently, the attempt at compensation proves unsuccessful; instead of producing a feeling of "narcissistic bliss," it results in severe symptoms.

Thus Daniel continually felt not only slighted, unloved, unappreciated by others, but also awkward, embarrassed, and "self-conscious." Moreover, he harbored severe anxieties regarding his state of health. He was forever anticipating early death from cancer or heart attack, etc., and anxiously watched himself for signs of disease. "Self-consciousness" and hypochondriacal anxiety both are typical symptoms in persons with narcissistic pathology. They represent, so

to speak, the reverse side of the narcissistic self-inflation. I shall have more to say about this later.

Two factors which are characteristic of the pathology in compensatory narcissistic self-inflation were implied in this material: (1) there is a large amount of unneutralized aggression which contributes to the hypochondriacal anxieties; (2) there is a superego disturbance that causes an overdependence on approval from outside, thus contributing to the symptom of "self-consciousness."

It should be stressed that in spite of his low tolerance of tension and unpleasure, Daniel's narcissistic orientation was not combined with a general regression to infantile narcissism. The pathology, in his case, rested predominantly on the megalomaniac content of the ideals he had set up for himself. He tried to reach his goal of self-aggrandizement through achievement and did not indulge in regressive confusion between reality and fantasy.

However, owing to the regressive character of the narcissistic orientation, one often finds that the infantile-megalomaniac ideal is accompanied by a barely disguised sexualization of originally non-sexual activities. Frequently the ambitious narcissistic fantasy is expressed in the form of sexualized and concrete images, thus revealing features of ego infantilism, deficient sublimation, and primitive thinking. In severer cases of this type the ego disturbance dominates the clinical picture and is not confined to an isolated area, as it was in the example given here.

Let us now examine the origin of the narcissistic imbalance which determines these compensatory efforts. The need for narcissistic inflation arises from a striving to overcome threats to one's bodily intactness. Obviously, such a threat is ubiquitous in all danger situations; but under favorable circumstances, defenses are mobilized that permit a permanent conflict solution. Anxiety is overcome via a modification or relinquishment of instinctual aims, while object cathexis can be retained. The development of reliable, solid defenses presupposes a considerable degree of ego integration. The ego must have the strength, while circumventing violent anxiety attacks and using small amounts of anxiety as a danger signal, to mobilize defenses and to influence the drives in the desired way. But if a traumatic situation occurs too early and is too overwhelming, at a time when the ego is still in a rather primitive state, the ego will

not succeed in binding the anxiety. The impact of such early traumata thus can seriously interfere not only with the formation of defenses, but also with the integration and general development of the ego. States of panic in themselves represent grave disturbances in the balance of cathexis. That is to say, during intense anxiety there often occurs a *passing* withdrawal of psychic interest from objects to the self. Under the conditions of too frequently repeated early traumatizations, the narcissistic withdrawal of libido from the objects to the endangered self tends to remain permanent.

Such early traumatization at a time of ego immaturity creates a predisposition to react in an infantile way to later danger situations. The imagined danger is taken for reality: it is not something that might occur in the future and might still be avoided, but something that has already occurred. In the case of my patient, for instance, the overwhelming castration anxiety stemmed from repeated early observations of primal scenes experienced as violence and total destruction, which had led to a feminine identification; i.e., to a latent homosexual orientation. The personality of the mother, a severe hypochondriac who constantly indulged in dramatic performances of being on the brink of catastrophic death, made a later re-evaluation of danger impossible. Femininity remained equated with complete annihilation. It represented not a threat in the future, but an accomplished fact. Hence the persistent orientation aiming at repair of the damage.

This infantile equation of danger with a catastrophe that has already occurred seems to be characteristic of such early disturbances. The only possible defense, therefore, consists in methods which were available to the infantile ego, particularly in *magical denial*: "It is not so. I am not helpless, bleeding, destroyed. On the contrary, I am bigger and better than anyone else. I am the greatest, the most grandiose." Thus, to a large extent, the psychic interest must center on a compensatory narcissistic fantasy whose grandiose character affirms the denial.

Fantasies, to be sure, always have to do with easy ways of wish fulfillment. But they obviously differ vastly in kind, and they range from the most primitive to highly differentiated forms. Being rooted in magical denial and characterized by primitive features of an early

ego state, the compensatory narcissistic fantasies often are poorly integrated into realistic, adult thinking.

The exclusive production of fantasies that aim at one's own aggrandizement reveals a serious disturbance of the narcissistic balance, particularly when these fantasies persist after puberty. For example, I remember a patient whose masturbation fantasies were consistently and exclusively concerned with self-adoration: "I am the greatest general in the world; I am the greatest all-round athlete; I am winning all Olympic ski races," etc. Grandiose fantasies of this type are not just a pleasant pastime whose wishful and unreal character is fully recognized, and which can be "turned off" at will. They have become an intrinsic part of the personality. Indeed, they have become life's main purpose, and the self is being measured against them.

I shall show later that such fantasies are based on primitive identifications with idealized infantile objects and thus represent primitive ego ideals.

The degree of pathology resulting from the persistence of these archaic ego ideals depends upon the structure of the ego. Ability to function adequately in reality, availability of sublimations, etc., determine whether any attempts can be made to transpose the fantasy at least partially into reality. Sometimes it may be tuned down to a pitch that is realizable in some degree, sufficiently to keep the self-esteem on a stable high level.

In the predominantly narcissistic personality, however, the withdrawal of interest from reality and object world frequently entails regressive trends. As a result, the wishful fantasy becomes or remains overcathected and the distinction between wish and reality will become blurred. Thus the fantasy is not only a yardstick, but is also experienced as magically fulfilled. The degree of pathology in a given case will depend on the degree of indulgence in such magic gratification and neglect of reality testing.

What is of interest for our special problem is the fact that such regressive abandonment of reality testing with respect to self-appreciation occurs frequently as an isolated lacuna in an otherwise well-coordinated personality. In other words, self-evaluation may remain infantile in certain restricted areas. For instance, the high sense of gratification which arose when the child was able to master certain

difficulties may persist throughout later life, even though "objectively" such activity no longer represents any particular achievement. Rather minor activities and productions can thus be experienced as extremely important, sometimes, as though a hidden narcissistic fantasy had been realized. The resulting feeling of increased self-esteem, of exaggerated self-assurance, creates an impression of unwarranted conceit, since others cannot share the archaic value judgments which underlie it.

When an adult still finds magnificence, let us say, in being able to ride by himself in a train, he manifests an infantilism of inner standards. Usually the survival of such infantile values, too, is the end result of compensatory needs; but the intensity of inner conflict is less pronounced in these persons than in those with exaggerated standards. It is likely that their fixations took place on a somewhat higher level of development.

It would of course be artificial to delimit the compensatory narcissistic fantasy too sharply from the superego as the embodiment of "mature" values transmitted by education. Although the superego is the more complicated structure, both may exist simultaneously. They may overlap or may be fused and mixed with one another.

The differences between the two structures are self-evident. Narcissistic fantasies often stand in sharp contrast to superego demands, since they contain many elements of an unsublimated, instinct-fulfilling character. The primitive values comprised in them are expressions of body narcissism.

Overstrong body narcissism is rooted in traumatic experiences, pregenital as well as early genital, which had shattered primitive feelings of pleasure and unquestioned security. These traumata had thus destroyed the infantile feeling of power to subject the disobedient object world, including the own body, to the wishes of the infantile ego. Uncontrollable feelings of helplessness, anxiety, and rage ensued. These represent what we call "narcissistic injuries" that necessitate continuous reparative measures. The result is a turning away from love objects to an enormous overvaluation of the body or particular organs: of their intactness, size, strength, beauty, grandiosity. Most glaring here is the overvaluation of the phallus, in contrast to the concept of the female organs as being destroyed, bleeding, dirty, etc.

It should be stressed that castration threats, with ensuing overvaluation of the phallus, represent only the most conspicuous and the most tangible narcissistic traumata. However, any need for repair or restitution may be condensed into fantasies about phallic intactness and greatness. Castration thus is equated with object loss, emptiness, hunger, bowel loss and dirtiness, while phallic intactness also expresses the undoing of pregenital losses and injuries. Most important in this context is the equation of the whole body with a phallus, whose oral background was pointed out by Lewin (1933).

The megalomaniac character of the body-phallus equation has to do with fantasies about incorporation of early objects (or of their organs) seen in an idealized way. Thus, to use Jacobson's formulation, fusion has taken place between self- and object images. The grandiosity originally attributed to the object belongs now to the self. Archaic object relationships of this kind, with fluid boundaries between self- and object image, represent the matrix of increased body narcissism.

The body-phallus equation usually reflects a narcissistic erotization of the whole body. This fantasy often has an out-and-out perverse quality and may lead to dire consequences.

To give an example: I once treated a professional actor, a handsome fellow, who was in a continual state of self-infatuation. That he really experienced his whole body as a penis was revealed by the fact that he liked to masturbate facing a mirror, with the fantasy that his neck was as thick as his head. This patient's constant preoccupation with his own body had disastrous effects. He became plagued by continuous, severe hypochondriacal anxieties. He was afraid of innumerable fatal diseases, worried that his nose would be disfigured by a chronic eczema, etc.

My other patient, Daniel K., showed the same pattern of self-adoration in a slight disguise when he admired his almost yard-long row of books. This transparent displacement from the body-phallus to his brain children did not avail him; he suffered from the same intolerable hypochondriacal fears as the actor.

Frequently, attempts are made to modify the sexual body narcissism and to transform it into something nonsexual and nonobjectionable; these attempts sometimes are on a rather primitive level. Certain tokens of masculinity are used in place of the real thing. I

have repeatedly observed this in patients who attached a strong masculine connotation to particular garments or to the pipes they smoked, to the cars they drove, etc. This displacement represents a not very successful attempt at desexualization. The thinking remains symbolic, unrealistic, and incommunicable. (I never could establish, for instance, why one suit was regarded as more masculine than the other.)

Successful modification of body narcissism depends primarily upon the ego's capacity for sublimation and, as we shall see, deaggressivization.

Unsublimated, erotized, manic self-inflation easily shifts to a feeling of utter dejection, of worthlessness, and to hypochondriacal anxieties. *"Narcissists" of this type thus suffer regularly from repetitive, violent oscillations of self-esteem.*

It is as though the warded-off feeling of catastrophic annihilation, which had started off the whole process originally, were breaking through the elegant façade again each time. The brief rapture of elated self-infatuation is followed by a rude awakening. Usually the tiniest disappointment, the slightest physical indisposition, the most trifling experience of failure can throw the patient into extreme despair. He does not suffer from a cold: he has lung cancer. He did not meet with a minor setback because a contract fell through: his whole career is ruined; and so on. Thus, the grandiose body-phallus fantasy—for instance, "standing out high above everybody else, like an obelisk"—turns *suddenly* into one of total castration, often with a pregenital coloring: "I am falling apart at the seams," or "I am just a bagful of excrement," "I am full of poison that is going to kill me," etc. It is as though the original castration fear had extended from the penis to the whole body.

This infantile value system knows only absolute perfection and complete destruction; it belongs to the early time in life when only black and white existed, good and bad, pleasure and pain, but nothing in between. There are no shadings, no degrees, there are only extremes. Reality is judged exclusively from the standpoint of the pleasure principle; to evaluate it objectively is still impossible. Nor does a realistic evaluation of the self exist as yet. Like tolerance for others, tolerance for oneself is a late achievement.

The amount of aggression, both in the positive and in the nega-

tive phase, is conspicuous. The state of self-inflation is intensely competitive as a rule. My patient Daniel's grandiosity, for instance, could be measured in feet and inches, just as others measure theirs in dollars and cents. Such a concretization and oversimplification of values facilitates competition with others: "I am bigger than you—I am better—I am the best." The primitive correlation of value to size is of course a rather common phenomenon; this type of crude comparison easily lends itself to be used for purposes of aggressive competition. The very process of self-admiration involves contempt for others. Undisguised phallic-exhibitionistic impulses of this type generally are combined with unmitigated, primate aggression: the patient "blinds" others with his magnificence; he "rubs in" his successes, as though he were forcing his enormous penis on his audience.

But with the collapse of his phallic grandiosity, this vehement aggression instantly turns back upon his castrated self. Instead of admiring and loving himself the patient now hates himself. A drive diffusion has occurred, which the ego in its state of regression is unable to master. This explains, I believe, the intensity of the hypochondriacal anxieties regularly present in narcissistic disturbances.

In a number of these cases I have found the fantasy that only one grandiose phallus exists in the whole world. When the patient is in possession of it or is identified with it, everyone else is deprived of it and thus totally destroyed. In the negative phase, the tables are turned: the grandiose phallus belongs to somebody else—perhaps to its rightful, original owner—who, full of contempt, now destroys the patient. Either way, the acquisition of this glorified organ is accomplished through violent aggression.

This fantasy about the single glorified penis shows quite clearly that this and similar primitive forms of self-esteem regulation are based on a persistence of primitive types of object relationship; i.e., a fixation on infantile levels of libidinal and ego development.

At that early stage, the ability to perceive reality objectively is but *in statu nascendi*. Instinctual needs are so overwhelming that the sexual characteristics of the object flow together with the object as a person. Drives prevail toward oral—or anal—incorporation of the admired and envied objects; in this way, a feeling of *being* the object is temporarily achieved. But with growing ego differentiation, the child becomes increasingly aware of his own smallness as well as

his separateness from objects. Hence the still completely sexualized and glorified object is set up as a primitive ego ideal, as something he longs to be. Under unfavorable conditions, however, the boundaries between this ideal and the self-image become blurred again, time after time.

Reverting to magical identification, the patient who has regressed to this infantile level may feel as though he *were* the magnificent phallus-father, as though he *were* his own ego ideal. Repair is achieved once more via magic fusion. But after a short time, as we have seen, this wishful identification turns into the opposite; it is doomed to break down, as the uncontrollably mounting aggression destroys the glorified object.

To relieve the ensuing intolerable feeling of annihilation, the aggression must be counteracted by a renewed elevation of the object; hence the grandiose phallus is restored to it and the entire process starts all over again. This state of affairs is reflected in the instability of moods, rapid oscillations of self-esteem, perpetual shifts from positive to negative feelings about the self, from megalomaniac elation to hypochondriacal anxiety.

Let me illustrate this with a case characterized by a particular instability of self-esteem and body image. The origin of the primitive, still completely sexualized ego ideal in severe infantile traumatization can be clearly demonstrated here.

Robert L., a successful lawyer, suffers from repetitive mood swings. For a while he feels strong, victorious, much more creative and intelligent than his peers. He is proud of his slim figure; his whole body, to him, has definitely phallic characteristics. The analyst and everyone else during this period is seen as inferior, old, weak, defective. He feels that he is arousing envy in the analyst. He wishes to dazzle with his brilliance, to overpower by his masculinity. By exhibiting his own greatness he aggressively annihilates all others.

The slightest disappointment, however, or even the mere passage of time, transforms this state of phallic grandiosity into the opposite. Now he is afraid of the consequences of his aggressive wishes. He feels unsuccessful, hopeless, threatened by illness; he is affected by peculiar body sensations, as though he had a hang-over. The analyst and other objects appear changed; they have gained in stature. The analyst looks younger, stronger; she is brilliant, wonderful. Now he

wishes to be "adopted" and helped by her. She should give to him of her wisdom and her riches which will help to restore him. During such periods, he cannot evaluate objects at all critically or realistically. He hangs on every word of the analyst as a revelation, and it is as though her mere physical presence could do wonders for him. Now he idealizes the object, clings to it, wishes to become one with it. By this fusion he can participate again in the greatness of the glorified object.

Here we see not only the rapid change from phallic grandiosity to hypochondriacal anxieties and depression, but also a rapid change in the appearance and value of the object. Again, there are only extremes: the object either is glorious or it is nothing. Besides, the object is not experienced fully as a person. Like the patient's own body, it is treated only as a phallus, as a wonderful and life-giving breast, or as a gaping, dirty wound.

This severe disturbance of object relationship was caused by a series of early traumatic events. When he was little more than six months old, Robert's obsessional mother started toilet training by means of regularly given enemas. For years to come, this interfered with his development of the sense of being a person separate from his mother: it was she who had power over his body. At the same time he experienced himself as an open bag full of excrement: things were put into him and came out of him. He could have no control over his body content. An operation early in his third year confirmed the feeling that the intactness of his body was constantly threatened. Then around the same time, his parents' marriage broke up. With the loss of his father he lost all security of permanent object relationships, particularly as the mother soon became involved with a series of lovers of whom Robert was intensely jealous.

Somewhat later, the little boy learned to retain his stools. He would sit for hours by himself, playing aggressive fantasy games in which he would kill and destroy tin soldiers, at the same time pushing and withholding a fecal column in his rectum. This gave him a feeling of mastery and of being completely solid and intact within his body, as though he had a powerful, aggressive anal phallus inside himself. In identification with his father, who was considered an aggressive monster by the mother, he became now "Freiherr von Richthofen," the German war pilot, seen as a murderous giant able

to destroy the whole world. But this aggressive, anal-sadistic game led to a state of constipation which he could not overcome any more. It led to feelings of being sick and full of poison, to a new series of enemas, so that his sense of helpless annihilation broke through again.

These pregenital traumatic experiences were condensed with the child's envious admiration of his father's large penis and the simultaneous, terrifying awareness that the mother lacked this organ.

All this necessitated magical restitution. As we have seen, infantile states of elation persisted into adulthood in a slightly disguised form. They prevail for short periods, to be abruptly displaced by the sense of being worthless and destroyed. The peculiar "hang-over" feeling, which assails the patient at the same time, can now be understood. By the destructive incorporation of everything that had caused his envy before, he destroyed the very power he acquired. He feels poisoned from within: he has incorporated something bad.

To repeat, the attempt at repair through primitive identification becomes intolerable due to the intensely aggressive feelings that may emerge at any moment. By destroying the object, the patient likewise destroys himself. Seeking to reconstitute himself, he again must endow the objects around him with ego-ideal qualities; and so the cycle is endlessly repeated.

This material throws into sharp relief that if the archaic character of the ego ideal has persisted, it invariably results in a complete failure of such attempts at self-esteem stabilization. Indeed, it is the primitive, crudely sexual quality of the ego ideals, conditioned by a fixation on the primitive levels where traumatization had occurred, that represents the quintessence of this pathology.

In the course of a more normal development, identifications with other than openly sexual aspects of the objects acquire importance. Hence the identifications lose their magical character. They bring about real changes in the structure of the ego, or they become more sublimated ideals to be incorporated in the superego. Primitive ego ideals may survive, nevertheless, while maturation of the personality progresses. In the "simpler" forms of self-esteem pathology I described before, their persistence expressed itself predominantly in a narcissistic orientation of the inner standards. The condition was not complicated by a reprojection of ego ideals onto the object world.

However, it should be stressed that a reprojection of ego ideals onto external objects need not by itself imply a greater degree of pathology. Ego ideals of a more sublimated nature may be so reprojected, and restitutive merging with real love objects may become a method of self-esteem stabilization. In my paper on "Narcissistic Object Choice in Women" (1953), I showed how the attempt to undo narcissistic injuries via identification with the partner's greatness may effect a rather stable solution if it is undertaken by a mature ego.

I should like now to come back briefly to another symptom which frequently occurs, as I mentioned before, in persons of the narcissistic structure here described, namely, "self-consciousness." This excellent term, as far as I know, exists only in the English language. Webster defines it as follows: "prone to regard oneself as the object of observation of others. Embarrassed or staid on account of failure to forget oneself in society." *Self-consciousness* thus describes an accentuated state of awareness of the own self and also indicates the assumption that the same exaggerated amount of attention is paid to one's person by others.

The remarks which follow are somewhat tentative. The symptom of self-consciousness is not restricted solely to the compensatory narcissistic personality. Structure and dynamics may be different under different conditions.

To be the object of admiring attention is frequently sought for as a means to undo feelings of insufficiency. But the imagined fulfillment of this wish can be experienced as extremely unpleasant. The attention desired from others is contained in and replaced by the ego's concentration upon the own self. The ego thus plays a double role: it is the observer and simultaneously the object of observation. What is relevant in pathologic cases of this kind is that cathexis has been shifted to the self not only from objects, but also from normally neutralized ego activities, to a degree which is intolerable.

Here the hypercathexis of the self is accompanied by a disturbance of sublimation, i.e., by a (voyeuristic-exhibitionistic) sexualization of ego activities. This reflects itself in the fact that any activity—any thought or feeling—exists not for its own sake, but exclusively for the purpose of narcissistic exhibition. It is as though the person would say: "Look, I am walking, speaking, thinking. Look, I have such beautiful feelings, deep interests, important thoughts." Nor-

mally such activities are invested not only with neutralized energy, but also with aim-inhibited "love" for some particular field, subject, etc. This type of "thing-love" or interest is precluded by the accentuated self-concentration we describe as "self-consciousness." The ensuing narcissistic imbalance generates disturbances of the sense of reality, ranging from feelings of emptiness or unguineness to severe depersonalization.

In addition, we must take into account the aggressive components of the narcissistic exhibitionistic strivings. Self-conscious people seek to undo feelings of inadequacy by forcing everyone's attention and admiration upon themselves, but they fail in this defensive attempt. They feel that attention is indeed focused on them in a *negative* way: as though others, instead of being dazzled, were discerning the warded-off "inferiority" behind the false front. The exhibitionistic drive contains contempt for those whose admiration is needed. Due to the re-emergence of inferiority feelings and to the concentration of cathexis on the self, the direction of the aggression changes; hence the contempt for others turns into self-contempt, which is experienced as shameful exposure.

The painfully increased self-awareness of the self-conscious persons thus results from a shifting back onto the self of resexualized and reaggressivized cathexis which can no longer be bound in a stable way by attachment to objects or ego activities.

Not rarely, the symptom of self-consciousness becomes further complicated by a deficiency of the self-evaluating functions. It is as though such persons were unable to form any independent moral judgment about themselves, but needed "public opinion" as a yardstick. Their superego is not fully internalized or, frequently, has become reprojected onto external objects. Here the impairment of ego functions, which is so often seen in narcissistically oriented persons, includes also a superego defect.

When the self-conscious person imagines himself being judged by an outside observer, who stands for an externalized superego, he makes an unsuccessful attempt to get rid of inner conflicts, of unacceptable strivings, by means of projection. This contributes to the feelings of unreality and estrangement. It is as if he were saying: "I am not the one who wants to exhibit himself aggressively, but other people aggressively observe and judge me." Self-consciousness thus

is a first step in the direction of a paranoid pattern, and this feature is in keeping with the disturbance of object cathexis which I described before.

It is obvious that the oscillations of self-esteem in compensatory narcissism bear similarities to cyclothymic states, but there are considerable differences. These mood swings are of shorter duration than the true cyclothymic ones. Notwithstanding the severity of the disturbance, large areas of the personality usually remain intact and are not involved in the pathologic process. Most noticeable is the difference of the role played by the superego. The sadistic intolerance of the superego, so predominant in the depressive phase of cyclothymia, is absent in the cases here described. The phase of lowered self-esteem is characterized preponderantly by anxiety and feelings of annihilation, not by guilt feelings. Thus, it is not the dissolution of an overstrict superego that brings about the positive phase, but a compensatory narcissistic fantasy of restitution via fusion with an archaic ego ideal. And while object loss causes regression to narcissistic identification in melancholia, these patients react with permanent vacillations between libidinous and aggressive hypercathexis of the self to an infantile traumatic situation necessitating endless attempts at repair.

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